	icipal	Form	eport
a etts			Town Clerk or Election Commission
Reporting Period dates: Beginning Date: 201	APR 11	Ending Date 50	TOET 101/11/1/11/101/101
pe of Report: (Check one) 3th day preceding preliminary 8th day preceding election	30 day a	fter election	l report
WINNIAM HENRY DWIGHT Candidate Full Name (if applicable)	Com	MITTEE TO ELEC Committee Na	
CITY COUNCILOR - AT LARGE Office Sought and District	(N 17-	Name of Committee	Treasurer
39 MYRTHE ST. NORTHAMPTON, WA 01060 Residential Address	53 P	Committee Mailing	Address
Telephone Number (optional): 413.584.2814	Telephone N	lumber (optional): 413 · 6	95.7821
SUMMARY BALANC	E INFOR	MATION:	
Line 1: Ending Balance from previous report		A O.	00
Line 2: Total receipts this period (page 3, line 11)	arrange and a second	18,83	00.00
Line 3: Subtotal (line 1 plus line 2)		६८४,४)	.00
Line 4: Total expenditures this period (page 5, line	e 14)	F 13;333	180
Line 5: Ending Balance (line 3 minus line 4)	05	5496.2051560	.30-60.
Line 6: Total in-kind contributions this period (pa	ge 6)	1,105.	95
Line 7: Total (all) outstanding liabilities (page 7)		1000	00
Line 8: Name of bank(s) used: FLONENCS	SAUI	NGS BANK	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	accordance wit	id habilities for this reporting period	i and represents the campaign
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my kne cordance with	owledge and belief, a true and comp the requirements of M.G.L. c. 55. I	lete statement of all campaign finance have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements appaign finance activity of all persons acting under the authority or on behalf of this	best of my know. in-kind contri	butions and habilities for this repor	ing period and represents the
		(Candidate's signature)	Date: 10.27.11

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

lease include your committee name and a pag	e number on eac	Occupation & Employer
	Amount	(for contributions of \$200 or more)
GWEN AGNA SO FIND ST	100.00	
PATRICIA ARBOUR 129 NO NO TOCK ST FLORENCE, MA 01062	[6Ø.∞	
CATHERINE BAKFIZ II KENSING TON AUE NORTHAMPTON, MADIOGO	75:.00	
164 BASKIN 395 AUDUBON RO LEEDS, MA 01053	విల్లా: ∞	HISTORIAN. SELF
RITA BLEIMAN 18 HAMPTON TERR NORTHKIN PTONIMA 01000	300.00	WRITER - SELF
WILLIAM BOUTELLE IM3 SOUTH MAINST FRORENCE, MADIOGO	75:00	
WITTER BROCKE 53 PROSPECT AUE NORTHAMOTON, MA01060	100.00 100.00	
LEWIS M. COHEN SIHARRISONAUE DORTHAMOTON, MA 01060	250.00	PSYCHIATRIST BAYSTATE HEALTH
COLFED CUARIE 2039 TATE ST. NORTHAMPTONIM 4 01060	150.00	
JOHN DI BARTONO 36 COOVERDANG ST. FLORENCE, MA 0106 7	500:00	ATTY, - SELF
James PONDERRY ANDRICH ST NORTHHOTONI MA 01060	100:00	
ADAM DUNETZ 93/4 MARKET ST -A NORTLIAMPTON IMA 01060	100.00	
eipts over \$50 (or listed above)		
ceipts \$50 and under* (not listed above)		
		34
	Name and Residential Address (alphabetical listing required) GWEN AGNA SO FINN ST NORTHAMPTON, MADIOSO PATRICIA ARBOUR 129 NONO TOCK ST FLORENCE, MADIOGO CATHERINE BAKFIR II KENSING TON ANDE NORTHAMPTON, MADIOGO LEEDS, MA 01053 RITA BASIMAN IN HAMPTON TERR NORTHAMPTONIMA CLOSE NORTHAMPTONIMA CLOSE WITTER BREGOVE 53 PROSPECT ANDE NORTHAMPTON, MADIOGO LEWIS M. COHEN SI HARRISON AND NORTHAMPTON, MADIOGO LEWIS M. COHEN SI HARRISON AND COLLEGE CURRIE 203 STATE ST. NORTHAMPTONIMA 01060 TOUR DI BARTONO 36 CONCERPANE ST. FLORENCE, MA 01060 TAMES PONNELNY ANDRICH ST. NORTHAMPTONIMA 01060	(alphabetical listing required) Amount GWEN AGNA SO FINN ST NORTHAMPTON, MADICO PATRICIA ARBOUR I JA NONO TOCK ST FNORENCE, MADIOGO CATHERINE BAKFIR II KENSING TON AGE NORTHAMPTON, MADIOGO LEEDS, MADIOSS RITA BASIMAN IS HAMPTON TERR NORTHAMPTON, MADIOGO RITA BASIMAN IS HAMPTON TERR NORTHAMPTON, MADIOGO WITTER BROOKE FORENCE, MADIOGO LEWIS M. COHEN SI HAR RISONAUT NORTHAMPTON, MADIOGO LEWIS M. COHEN SI HAR RISONAUT NORTHAMPTON, MADIOGO COLEFN CURRIE 203 STATE ST. NOWTHAMPTON, MADIOGO TOUND I BARTONO ROOKENCE, MADIOGO TOUND I BARTONO TOUND DI BONO TOUND DI BARTONO TOUND

SCHEDULE A: RECEIPTS (continued)

	SCHEDULE A: RI	ECEIL 12 (con	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9 123/2011	PAUL HI. DUWILL SL HAWLENST. NORTHAMPTON, MADIOW	(00.00	
5 (31/2011	LILI DWIGHT 45 S. MILL ROUSE RD. SOUTH DECREISLD, WAO1373	[00.00]	
5/19/2011	RYAN DWGGINT 22042 CATALINA CIR. HUNTINGTON BEACH, CARJENG	250.00	BUS, MGR. DWIGHT LAW GROUP
6/1/2011	MARIA DWIGHT 3363 MODES ST LOS ANGENES CA 90066	500.00	EXEC. DIRECTOR GERONTOHOGICAL SYS. INC.
6/16/2011	DONAND DWIGHT IT MAPLE LN LIME, DH 03768	300.00	CONSULTANT SELF
10/2/20c1	WILL LAW DWIGHT 3C, MYRTLE ST. BORTHAM PTOBJ.WA 01060	500.00	RETIRED
10/2/2011	WILLIAM DWIGHT 39 MYRTLE ST NORTHAMPTON, MA 01060		LOAN
6110/2011	AUNE FINE 18 SUMMER ST. FLORENCE, MA 0106 >	100.00	
5115 3011	EMOR-I FORD 364 SPRIDEST. FLORENCE, MA 01067	100.00	
9/26/2011	SURANDE GORROW HOG ROCKY HILL BO. FLORENCE, MA 01062	75.00	
3 131 13011	ALEX GHISELIU IGH RIVERSIJE PR. FLORENCE, MA 0106 2	75'.00	
5 31/2011	MAURA GLENNON 53 FROMENCE RD. FLORENCE, MAO1068	(00:00)	
5/5/2011	PAT GOGG INS 631 NORTH FARMS RD. NORTHAMPTON, MA 01062	250100	REALTOR GOGGILOS R. F.
Line 9: Total Re	ceipts over \$50 (or listed above)		
	eceipts \$50 and under* (not listed above)		
· TOTA	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2 puld include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/17/2011	ANFRED GRIGGS 9 BARRETT PH. NORTHAM DTONI MA 01060	J50.00	RETIRED
9/18/2011	CARL GUEPEL 4 CAESCEUTST. NONIMOTON, MA 01060	150.00	
412312011	HE(DI HASS 16 STINSON A VE NORTHAMPTONI MA 01062	150.00	
9/15/2011	FRAMIUCHAM, MA 01701	150.00	
5/19/2011	BRUCE HAWKINS 26 CRESCENT ST. NORTHAMPTON. MADIOGO	100.00	
5/31/2011	PATRICIA HEALY 21 LONG FERNOW DR. FLORENCE, MA 01062	75.00	
110616 14	JOUATHON LITE BERFORD CT. AMNERST, MA OLOGO	100.00	
10/12/2011	SOT JHALLY GOB MASONIC ST NORTHEMPTONIMA 01060	200,00	EXEC. DIR. MEDIAFDUCATION FOUNDATION
611412611	AMHERST, MA 01002	ιω.∞	
5/95/0011	D. RAE KORENGOND 80 DEDOT RO. HAYDENUILLE, MA 01039	100.00	
5/20/2011	JULIE KUROSE 30 MUNROE ST. NORTHAMPTON, WA 01060	(00.00	
712910011	BALLIE DEANS LAKE 35 WASHINGTON AUG NORTHAMPTON, MACIOGO	100.00	
4/23/2011	DORA LEWIS IN MONTUIEN AUG NORTHAMPTON, MA CICCO	250.00	SPIRITUAL COUNSELOR SELF
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	ed receipts of \$50 and under, include them in lin	e 9. Line 10 shou	Id include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/3/2011	LIDA L. LEWIS. 39 MYRTHE ST. NORTHAMOTON, MADIOGO	500.00	TEACHER HOLYOKE COMM. COLL.
8 38 2011	KIM MAITLAND 405 BELLUS RD. ASHFIELDIMA 01330	75.00	
5/21/2011	DALE MELCHIOR 61 LYMAN RD. NOISTHAMPTON, MADIOGO	250.00	LABOR Ext. COCRDINATOR UMASS
5126 2011	SUSAN MIKULA 136 WESTST-100D NORTHAMPTON, MA 01060	500.00	ARTIST SELF
4/23/2011	JAMES NASH 18 MODTUEN AUG PORTHAMPTON MADIOGO	250.00	CONSULTANT CAREERWORKS
9125/2011	DOROTHY J. NEMETZ 44 MUNROEST. NORTHAMPTONIMA OLOGO	75.00	
5/21/2011	WILLIAM NEWMAN 39 MAINST NORTHAMOTON, MADING	250.00	ATTY, LESSER, NEWMAN, & NASSER
9119/2011	REBECCA J. NUGENT, 59 INDIAN OUENRD, WORTHINGTON, MA OLORY	150.00	
9 18 2011	JEFFREY A. PANM 46 MADRE RIDGE RD FLORENCE, MA 01062	[00.00	
5 31 2011	VIJAY PRASHAD DOLI PROSPECT ST. NORTHAMOTON, MADIOGO	100.00	
3/24/2011	JOHN PUCCI 173 MAPLE RIDGE RD. NODTHAMP TON, MA DIOGY	100.00	
718/2011	LUKE RYAN 27 COOLIDGE. AUE. NORTHAMPTON, MADICOO	100.00	
5 30 20 11	STEVEN SAUTER 65300TH ST -6 NORTHAMPTON, MA 01060	100.00	
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.					
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
5/31/2011	PAMERA SCHWARTZ 22 COLUMBUSAUE. NORTHAMPTONIMA 01060	100.00	(IOI COMMIDUMONS OF \$200 OF INOTO)		
412912011	GINA-LOSISE SCIARRA 145 STATE ST. NORTHAMPTON, MADIOGO	300,00	CONSULTANT SELF		
5/31/2011	ALAN SEEWALD 60 REUELL AUF. NORTHAMPTON, WA OLOGO	100.00			
41236011	ELIZABETH SILVER 67 WILLOWST. FLORENCE MADIOGS	[∞,∞			
9/26/2011	MARIE SINVER 21 MOUNTAIN LAUREL PATH FLORENCE, MA 0106	100,00			
5/31 2011	JOHN SKIBISKI 50 HASTINGSHTS FLORENCE, MA 01062	100.00			
6/13/2011	GORDON G. THORNE 96 FRANKLINST. NORTHYMPTON, MY 01060	J00.60	PRT REALERY		
9/18/2011	MICHAEL TI THURSTON 15 UPLAND RD LEEDS, MA 01053	100.00			
4(18/2011	MIKAL WEISS HAINST - 5TH FLOOR NORTHAMPTON, MA 01060	400.00	ATTY, BUAROWS, WEISS, E BLOOMBERG		
5/23/2011	RICHARD WHITING 195 TORKEY HILLRD. FLORENCEIMA 01063	150.00			
10/3/2011	JONATHON A. WRIGHT 91 OLANDER DR. NORTHAMPTONIMA 01060	250.00	CONTRACTOR WRIGHT BUILDERS		
Line 9: Total Rece	ipts over \$50 (or listed above)	\$12,275.00			
Line 10: Total Rece	pipts \$50 and under* (not listed above)				
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$16,800.00	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	WILLIAM CHINS	DORTHAM DEN, MA	MOUIE RIGHTS	\$125-00
7 2 Jon	COPLECTIVE	93 Main ST-1 FLONEINCE, M101062	PRINTING EPHEMERA	141.09
3/11/2011	COPES	FLOWENCE, MADIOGO	PRINTING EPHEMERA	100 20
10/7/2011	COPIES	FNORENCE, MADIOGO	RINTING EPHEMERA	170.17
1106/61/9	CONDORLY PRINIDA	WOBUPH MA OID!	LAWN SIGNS	loga. 69
10/13/2011	CONDONLY PRINTING	178 GILL ST WOBURN, MA 01801	DIRECT MAIL PIECE	4387-46
10/7/2011	DAILY HAMPSHIRE GAZETTE	USCONZST NORTHAMPTONIMA BICKE	SIGNATURE AD	1578,00
6/22/2011	DEMOCRATIC PARTY MASS.	77 SUMMERST BOSTON, M4 Odlo	VOTEBUILDER	375.00
9/20/2011	DEMOCRATIC PARTY MASS.	77 SUMMERZ ST BOSTONIMA UDIO	VOTEBULDER (318)	375.00
10/6/2011	ECLIPSE	186 MAINST NORTHAMPION MA 01060	RM BRS	70.00
9/9/2011	THE GREEN BEAN	DHIMAINST NOETHAMPTON, MA DIOGO	RMBRS	75.∞
10/6/2011	HORY SMOKES LTC	52 AUBLA TURNERS FALLS, MA 01326	RMBRS	70,00
		Line 12: Total Expenditures or	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

Page: 2/3

	SCHEDU	LE B: EXPENDITURES (c	ontinued)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
8 Isbon	IMPROBABLE INK	73 AUDUBON &D LEEDS, MA 01053	WEB SITE REDESIGN	\$150.00
6/4/2011	MASS ALLIANCE	8 BEACON ST BOSTON, MADDIOS	TRAINING (CAMP. MGR.)	80.00
10/10/2011	NORTHAMPTON RENTALS	59 Suc. CTR. RD. NORTHAMPTON, MA 01060	PERCORD MACHINE	110.62
5/19/2011	(CITY OF) NORTHAMPTUN	DID MAIN ST. NORTHHUPTON, MA 0 1060	VOTERS LIST	59,00
8 /15/26 H	Tom PAPPAHARDO	BOY 880 NORTHUMPTON, MA 01061	GRAPHIC DESIGN	125.00
(6)	GINA-LOUISE SCIARAA	145 STATE ST NORTHAMPTON, MA 01060	RWBRS DONNEARY CONT BUMDER STICKERS	365.00 346.00
106 261 0	GINA-LOUISE SCIARRA	145 STATE ST NORTHAMPTON, WA 01060	RMBRS BANNEIZ	148,00
6/22/201	GINA-LOUISE SCIARRY	145 STATE ST. NORTHAMPTONI MA 01060	RMBRS MILEAGE	110.00
1106 66	GINA-LOUISE BEIARRA	145 STRIEST. NORTHAMPTON, MA 01060	RMBRS FLORENCE CIVIC CENTED RENTAL	75.00
(199 9011	GINA-LOUISE SCIARRA	1455-747E 57. NORTHAMPTON MA 01060	RMBRS SUNANISE PUNTING STICKERS	213150
10/9/2011	GINH- LOUISE SCIARRA	NORTHAMPTON, MA 01060	RMBRS CHINDEARE	1921.92
9 /8 /2011	SPORETO, IN.	50 MRIN ST NORTHAM DTON, MA 01060	RMBRS	150.∞
10/16/2011	STAPLES	NOETHAMPTON, MA 01060	PRINTER SUPPLIES	87,08
1/4 (4/4 A A A A		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

	DOILID.	LE B: EXPENDITURES (C	<u> </u>	1
	To Whom Paid		Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	(include CPF ID# if a contribution to another committee)	Amount
	SYLUESTER'S	III PLEASANTST.	RMBRS	
9/8/2011	RESTAURANT	NORTHAM PTONI MA		52.00
		01068		
	YES COMPUTER	196 PLEASANTST		753.21
10/31/3011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NORTHAMPTON MA	HARDWARE	1 2 2 . 6 1
		01060		
<u> </u>				
		The state of the s		
	AT THE REAL PROPERTY OF THE PR			
			1	
<u> </u>		L		<u> </u>
		Line 12: Expenditures over \$50	(or listed above)	12,641.27
		Ting 12. Francisco - 1	undow't (not listed al)	`G84,53
		Line 13: Expenditures \$50 and u	under" (not fisted above)	25,022
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	15,335,50
÷тс1		ide them in line 12. Line 13 should inch		f

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/9/pou	BING CHILDS	13 PINES 31062	1/0 of movie	\$125.00
10/1/2011		No ax HAMPTON, MA	RIGHTS	(, , , , ,
		1310 MAINST	CONSTANT	
5/156011	VANNEDWIGHT	FLORENCE, WA	CONTACT	17000
5/3/11	ECHIPSE	186 WAINST	FOOD (RMBISA)	7 50 104
15/11/	I-CHIPE	NORTHAMPTEN SMA		70,00
		241 MAINST	/	
5/31/11	GREEN BEAN	NORTHEMPTON, MA	FOOD (Rubrad)	75.00
		01060		
5/31/2011	HONYSMOKES	50 AU A TURNES FALLS	FOOT(RUBBO)	70.00
7 (7/10-11)		MA 01376		70.00
r la chan	SPONETO, INC.	50 WAIG ST 1	- /. N	
5/31/204		NORTHAMPTON MA 01060	FOOD (RMBON)	150.00
5/3/2011	SYLVESTER'S	NORTH AMPTON, WA	FOOD (RUBOSO)	OM
57-70"		01060	1 2000	28,00
			contraction of the contraction o	
				<u></u>
L	L	T ! 18- I. T/!- 1 C !!- !	050 (12.1.1.1)	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	71360
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	393.95
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	405.95
♥ TC ! 1.! J	ntribution is received from a person w			1

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	To Whom Due	Address	Purpose	Amount
10/2/2011	WILLIAM DWIGHT	34 MYRTLE ST. NORTHAMPTON, WA 01060	C 4NDIDATE SEKE-LOAN	1000.00
5/12				



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Date of Reimbursement: S. 3. 20(1						
Name of Individ	ual Being Reimbursed: 3	TATE STREET FAUL	STORE			
Committee Name	e: Co	ommittee to elect Bill Dwig	ght			
CPF ID Number	PFID Number (if applicable): Telephone Number (optional):					
	. ITI	EMIZE EXPENDITURES IN EXCES	S OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
	(Include items listed on Page 2)	→ Line 1: Expenditures in excess of	\$50 (itemized above):			
		Line 2: Expenditures \$50 or under	(not itemized):	Js-		
	Line 3: TOTAL AMOUNT REIMBURSED:					
Signed under the	penalties of perjury:					
Signature of Candidate / Treasurer Date: 25-						
	Digitatio 01 O	HINGH-				



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

		Date	of Remoursement. 3.35.7			
Name of Individu	ual Being Reimbursed: G	IN. LOUISE SCIAR	RA			
Committee Name	Committee Name: CommiTTEE TO ELECT BILL DUIGN T					
CPF ID Number	(if applicable):	Telephone N	fumber (optional): 413.695	1.7821		
	ITEME	ZE EXPENDITURES IN EXCESS	OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
5.23.11	DONNEW CONT	P.O. BOX 1886 HAMPTON, CT 06,47	BUM DEW STREEDS	346-		
				-		
· ·	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	50 (itemized above):	346,00		
		Line 2: Expenditures \$50 or under	(not itemized):			
Line 3: TOTAL AMOUNT REIMBURSED: 346.00						
Signed under the	Signed under the penalties of perjury:					
Signature of Candidate / Treasurer Date: 16.30-11						
· · · · · · · · · · · · · · · · · · ·						



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

1	Date of Reimbursement: \(\frac{1.\frac{1}{5.(1)}}{1.\frac{1}{5.(1)}}					
Name of Individ	Name of Individual Being Reimbursed: SPOKETO, INC.					
Committee Name	Committee Name: CommiTTEE TO ELECT BILL DWIGHT					
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 413.695.7821					
	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
9.8.11	SPOLETO, INC.	50 MAINST NORTHAMPTON, MA O1000	£007	150 -		
			·	1		
				-		
			·			
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$5	50 (itemized above):	150 -		
		Line 2: Expenditures \$50 or under (not itemized):			
Line 3: TOTAL AMOUNT REIMBURSED:						
Signed under the penalties of perjury:						
Date: 10.30.11						
	Signature of Candidate Treasurer					



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Date of Reimbursement:						
Name of Individu	Name of Individual Being Reimbursed: THE ROOST					
Committee Nome	Committee Name: CommiTTFE TO ENECT BILL DWIGHT					
Committee Name	e:	UMITTEE TO EX	FCT BILL DWIE	H T		
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional):					
	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
	,	7				
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	350 (itemized above):			
		Line 2: Expenditures \$50 or under	(not itemized):	45-		
Line 3: TOTAL AMOUNT REIMBURSED: 45-						
Signed under the penalties of perjury:						
regard under the penanties of perjury.						
•		prole	Date: 10	0.30.11		
	Signature of Candid	late / Treasurer				



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

	<u> </u>					
		Date	e of Reimbursement: 9. 9.	(1		
Name of Individu	al Being Reimbursed: LA	· VERACRUZANA				
Committee Name:	Committee Name: Committee To FLECT BILL Dugger					
CPF ID Number (if applicable):	Telephone	Number (optional): 413.695.	7821		
	. TTE	MIZE EXPENDITURES IN EXCES	SS OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
		71 - 1				
	·					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
The state of the s						
	(Include items listed on Page 2)	Line 1: Expenditures in excess of	\$50 (itemized above):			
		Line 2: Expenditures \$50 or unde	er (not itemized):	50.00		
	,	Line 3: TOTAL AMOUNT RE	IMBURSED:	50.00		
Signed under the	penalties of perjury:	1				
	()					
. *	Signature of Candidate / Neasurer Date: 10.30.11					
· · · · · · · · · · · · · · · · · · ·	100000					



Date of Reimbursement: 10.6.201

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individ		LY SMOKES LTC		•
Committee Nam	e: <u>Co</u>	MMITTEE TO ELECT	BINL DWIGHT	
CPF ID Number	(if applicable):	Telephone N	lumber (optional): 413.63	,7821
	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10-9-11	HUNY SMOKES	JA AUTA TURNERS FALLS, MA 01326	FOOD	70.00
				1
			Particular and a state of the s	·
	(Include items listed on Page 2)	Line 1: Expenditures in excess of \$	50 (itemized above):	
		Line 2: Expenditures \$50 or under ((not itemized):	
		Line 3: TOTAL AMOUNT REIN	ABURSED:	
Signed under the	e penalties of perjury:		•	
-	¢.		Date:	·
	Signature of Candi	date / Treasurer		

Please prepare a separate report for each reimbursement check issued by the committee.



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 9.8.20 (1					
Name of Individu	al Being Reimbursed: [14 74]	MARKET CAFE			
Committee Name	: Con	MITTEE TO ELEC	T BILL DWIGHT		
CPF ID Number (PF ID Number (if applicable): Telephone Number (optional):				
	ITEME	ZE EXPENDITURES IN EXCESS	S OF \$50	,	
Date Paid Vendor Name Vendor Address Purpose of Expenditure Amount			Amount		
4					
			·	1	
				-	
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	\$50 (itemized above):		
		Line 2: Expenditures \$50 or under	(not itemized):	10 -	
Line 3: TOTAL AMOUNT REIMBURSED:					
Signed under the penalties of perjury: Date: 36 Oct 1					

Please prepare a separate report for each reimbursement check issued by the committee.



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Date of Reimbursement: 18.9.11					
Name of Individual Being Reimbursed: HEIDI LIN53					
Committee Name:	Committee Name: CommiTTEF TO ENECT BIND DWIGHT				
CPF ID Number (if applicable): Telephone Number (optional): 413.695.7821					
	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
Assertion of the second of the					
100					
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	550 (itemized above):		
		Line 2: Expenditures \$50 or under	(not itemized):	46.00	
Line 3: TOTAL AMOUNT REIMBURSED:					
Signed under the pe	enalties of perjury: Signature of Candil	ate / Treasurer	Date:	9.30.1(



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

		Buto	of Reinfoursement.	100	
Name of Individ	Name of Individual Being Reimbursed: GREEN BEXN				
Committee Name	Committee Name: CommiTTEE TO ENECT BILL DWIGHT				
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 4/3.695.788/				
<u> </u>	ITEM	IZE EXPENDITURES IN EXCESS	OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
99.11	GREEN BEAN	NORTHAMPTON, HA	FOOD	75.00	
				1	
	(Include items listed on Page 2) ···	Line 1: Expenditures in excess of \$	50 (itemized above):	75.00	
		Line 2: Expenditures \$50 or under	(not itemized):		
Line 3: TOTAL AMOUNT REIMBURSED: 75.00					
Signed under the penalties of perjury: Date: 30.0c7.					



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: (6 · 6 · 2 o 1 1						
Name of Individu	Name of Individual Being Reimbursed: GREAT WALL					
Committee Name	Committee Name: CommITTEE TO ELECT BILL DWIGHT					
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 4(3.695.7821					
		ITEML	ZE EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Nam	e	Vendor Address	Purpose of Expenditure	Amount	
10/6/2011	GREAT WAN	-	LAS PINEST FLORENCEIMA 01062	FOOD	50.00	
					1	
					·	
				·		
	(Include items listed on l	Page 2) →	Line 1: Expenditures in excess of S	\$50 (itemized above):		
			Line 2: Expenditures \$50 or under	(not itemized):		
Line 3: TOTAL AMOUNT REIMBURSED:						
Signed under the penalties of perjury:						
. •	×		/m	Date:		
	Signature of Candidate / Treasurer					

Please prepare a separate report for each reimbursement check issued by the committee.



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Date of Reimbursement: 1016111					
Name of Individual Being Reimbursed: ECMISE RESTAURANT					
Committee Name	Committee Name: CommiTTEE TO ENECT BILL DWIGHT				
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 413.695.7821				
	ITEML	ZE EXPENDITURES IN EXCESS	OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
16/6/11	ECLIPSE	186 MAINST. NORTHANDTON, MA 0/060	Foot	70.00	
	·				
				-	
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	50 (itemized above):	70.00	
		Line 2: Expenditures \$50 or under	(not itemized):		
Line 3: TOTAL AMOUNT REIMBURSED: 70.60					
Signature of Candidate / Neasurer Date: 30.0cr. //					



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 8/2/11					
Name of Individu	Name of Individual Being Reimbursed: Cupé Tob				
Committee Name	: Com	MITTEE TO ELEC	T BILL DWIGHT		
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 4(3.695.76 2.1				
	ITEMIZE EXPENDITURES IN EXCESS OF \$50				
Date Paid Vendor Name Vendor Address Purpose of Expenditure Amount					
%) (11	CUP & TOP	THORENCE, MA 01062	tood	50.00	
			·		
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	\$50 (itemized above):	50.00	
		Line 2: Expenditures \$50 or under	(not itemized):		
Line 3: TOTAL AMOUNT REIMBURSED: 50.00					
Signed under the penaltics of perjury:					
Signature of Candidate / Neasurer Date: 300e7 11					

Please prepare a separate report for each reimbursement check issued by the committee.



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

		Date of	of Reimbursement: 6.23.11	
Name of Individ	ual Being Reimbursed: G 10	A - Louise Sciars	2A	
Committee Nam	e: Com	MITTEE TO ENECT	- BILL DWIGHT	7
CPF ID Number (if applicable): Telephone Number (optional): 413.695.7821				
	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5.19.11	DONNERLY.CONT	P.O. BOX 188 HAMPTON, CT OGOHT	BUMPERS STICKERS	390.00
5.4.11	SUMPAISE PRINTING	JUD RUSSELLST HADLEY, MA 01035	STICKERS	213.50
5.19.11	DONNELLY CORT	P.O. BOY 188 HAMPTON, C706247	SHIPPING	20.00
6-10-11	GINA. LOUSE SCIARRA	145 STATE ST NORTHAM PTON IMA 01060	MILAGE	110.00
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	350 (itemized above):	880.50
•		Line 2: Expenditures \$50 or under	(not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED: 880.50				
Signed under the penalties of perjury: Date: 300ct 11				



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

		•	Date	of Reimbursement: \$.3.2	011	
Name of Individ	ual Being Reimbursed:	BELA	RESTAURANT			
Committee Name	e: [Comn	NITTEE TO EXECT	BILL DWIGHT		
CPF ID Number (if applicable):		Telephone Number (optional): 413.695. 783 1				
	-	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Nam	1e	Vendor Address	Purpose of Expenditure	Amount	
4/3/11	BELA		BORTHAMPTON MA	RMBRS FOOD	30.00	
				·		
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 38.80						
Line 2: Expenditures \$50 or under (not itemized):						
Line 3: TOTAL AMOUNT REIMBURSED:				30.00		
Signed under the	penalties of perjury: Signature	re of Candid	ato Treasurer	Date: 3	oder 11	



Date of Reimbursement: 10/31 /2011

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Name of Individual Being Reimbursed: Acke Surplus.				
Committee Name: CommITTEE TO ELECT BILL DWIGHT				
CPF ID Number (if applicable): Telephone Number (optional): 413-695-7821				
	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/31/2011	Hems Surpros	NORTHAMPTON, MA	RMBRS FOR CREDIT	47.65
				-
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of S	\$50 (itemized above):	47.65
Line 2: Expenditures \$50 or under (not itemized):				
Line 3: TOTAL AMOUNT REIMBURSED: 47.65				
Signed under the penalties of perjury: Date: 30 Cr 11				



Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

		·			
		Date o	of Reimbursement: 16 9 11	1	
Name of Individ	Name of Individual Being Reimbursed: GIVA-LOUISE SCIAIRIZA				
O			b		
Committee Nam	e: Com	MITTEE TO ELECT	BINL DWIGHT		
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 413. 695. 7821				
•	ITEMI	ZE EXPENDITURES IN EXCESS	5 OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
6-110(11	MADDY STEAN	NOOTHRUPTON, MA OLOGO	CHILD CARE	६२७९	
6/17/11	MADDY STERN	152 STATE ST NORTHERMOTON, MIL	CHIND CARE	89.25	
6124/11	Maddy Stern	15d STATEST NODTHAMPTONIMA OLOGO	CHILD CARE	89.75	
769/11	MADD~ STERN	153 STATEST NORTHAMPTONIMA DIOGO	CHIAD CARE	80172	
8/5/4	MADDY STERN	152 STATE ST NORTHARPTON, MI 01060	CHILD CARE	89.25	
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):				1251,29	
Line 2: Expenditures \$50 or under (not itemized):					
Line 3: TOTAL AMOUNT REIMBURSED:				1251,25	
Signed under the penaltics of perjury: Date: 29 0c7 11 Signature of Sandillate / Treasurer					

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
slialu	SOPHIE LEWIS NAGIL	NORTHAMATON WA 01060	CHILD CARE	63.00
8/19/11	MADON STERN	NONTHAMPION MA	CHILD CARE	89,25
8/23/11	MADDII STERNO	NO BANKMATON, MA NO BANKMATON, MA 01060	CHIND CARE	29.75
8/26/11	SODNIE LEWIS-DASIA	18 MONTVIEW ARE NORTHAMPTON, MA 01060	CHIND CARE	21,00
9/2/11	SOPHIE LEWS-NAH	18 MONTULEWAVE NORTHAMPTONIMA 01060	CHILD CARE	42.00
916111	FARM HANDS CHILD CARE	FARM EDUC. COLL. 106 PETT KOAT HILLED COILLIAMSBURG, MA 01096	CHILD CARE	140.00
9116111	FARM HANDS CHIND CARE	FARM EDUC. COLL - 106 PETTICATHILL RD. WILLIAMS BURGIA14 01096	CHILD CARE	140.00
9130/11	FARM HANDS CHILD CAIZE	FARM EDUC. CONT. 106 PETTICO AT HILL RD. WINLIAMSBURGIMADIO96	CHILD CARE	A10.00
10/7/11	FARM HANDS CHILD CARE	FARM BOX CUCL. 106 PETT (COAT HILL RD. WILLIAMS BOOG MACIOGG	CHILD CARE	140.00
		Page 2 Total (add to Line 1 on Page 1):		305



Date of Reimbursement: 9.8.3011

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individ	ual Being Reimbursed: Sy L	VESTER'S RESTAL	10 A1 \ -		
Committee Nam					
Commuce Ivam	c. Lon	MITTEE TO ELEC	J DILL DWIGHT		
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 日ほっての Telephone Number (optional): 日はっている Telephone Number (optional): 日はいる Telephone Number (optional): 日本は、Telephone Number (opt				
-	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
9.8.11	SYLVESTER'S REST.	111 PREASANTS T. NORTHAMPTON, MA 01060	FOOD	52 -	
			,	a a	
				-	
			·		
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	50 (itemized above):	54-	
	Line 2: Expenditures \$50 or under (not itemized):				
Line 3: TOTAL AMOUNT REIMBURSED: 53 -					
Signed under the	e penalties of perjury: Signature of Candid	ate / Treasurer	Date: 10	U·30·1(

Please prepare a separate report for each reimbursement check issued by the committee.